

updated per Amends. 2.23.04

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10035594	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2				1			52					
3				1			53					
4			1				54					
5				1			55					
6				1			56					
7				1			57					
8				1			58					
9				1			59					
10				1			60					
11			1				61					
12				1			62					
13				1			63					
14							64					
15							65					
16			1				66					
17							67					
18				.5			68					
19				.5			69					
20				.5			70					
21				.5			71					
22				.5			72					
23				.5			73					
24							74					
25				.5			75					
26				.5			76					
27				.5			77					
28				1			78					
29				1			79					
30				1			80					
31				.5			81					
32				1			82					
33				.5			83					
34				.5			84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		4				TOTAL IND.					
TOTAL DEP.	33		74				TOTAL DEP.					
TOTAL CLAIMS	34		78				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 3-75)

U.S. DEPARTMENT OF COMMERCE  
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